



Skowhegan Savings

CHARITABLE FOUNDATION

Charitable Contribution Request Form

Thank you for giving Skowhegan Savings the opportunity to support you in helping strengthen our communities. Please complete this form in its entirety and submit with all supporting documentation to Skowhegan Savings Charitable Foundation, P.O. Box 250, Skowhegan, ME 04976. Eligible organizations may submit only one application per calendar year. Application deadlines are: February 28, May 30, August 30 and November 30.

Please note that Skowhegan Savings' Charitable Contributions Policy prohibits contributions to Religious organizations, Political Candidates or Campaigns, Labor Organizations, for Profit Organizations, or single person beneficiaries.

Name:

Mailing Address:

Physical Address (if applicable):

City, State, Zip:

Year Established:

Phone Number:

Email Address:

Contact Person & Title:

Amount of Request:

IRS 501©(3) copy attached: Yes No

Percentage of low to moderate income individuals benefitting from the program:

Nature & Purpose of Organization



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Please provide a brief description of your funding request including the region and number of people served. Include the extent that the funding targets financial literacy, economic development and/or economically disadvantaged people.

Please indicate the total budget for project to be funded and the amount requested of Skowhegan Savings.

Please list promotional materials and/or media opportunities surrounding your program or event for which Skowhegan Savings would be named.
